

AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. JURISDICTION		1 <input type="checkbox"/> MAGISTRATE 2 <input type="checkbox"/> DISTRICT 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER _____		2. MAG. DOCKET NO.		VOUCHER NO. 0117831	
3. DISTRICT DOCKET NO.		4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT)		6. LOC. CODE	
7. CASE CODE							
1. CHARGE/OFFENSE (U.S. or other code citation)				8. IN THE CASE OF _____ vs. _____			
9. PERSON REPRESENTED (FULL NAME)				11. PROCEEDINGS FOR WHICH SERVICES ARE REQUESTED (DESCRIBE BRIEFLY)			
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT — ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT — JUVENILE 4 <input type="checkbox"/> APPELLEE _____							
12. TYPE OF SERVICES REQUESTED 1 <input type="checkbox"/> INVESTIGATOR 5 <input type="checkbox"/> POLYGRAPH 9 <input type="checkbox"/> CALR 2 <input type="checkbox"/> INTERPRETER 6 <input type="checkbox"/> DOCUMENTS 10 <input type="checkbox"/> CHEMIST 3 <input type="checkbox"/> PSYCHOLOGIST 7 <input type="checkbox"/> FINGERPRINT 11 <input type="checkbox"/> BALLISTICS 4 <input type="checkbox"/> PSYCHIATRIST 8 <input type="checkbox"/> ACCOUNTANT				13. SERVICES TO BE PROVIDED BY (Name, organization, address, area code, telephone no.)			
14. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES. Use additional sheets if necessary. (If requesting psychiatrist or psychologist see instructions for item 14.)							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request <input type="checkbox"/> Authorization to obtain the service or <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300) _____ SIGNATURE OF ATTORNEY TELEPHONE NO. _____ 1 <input type="checkbox"/> FPD 2 <input type="checkbox"/> PANEL ATTORNEY 3 <input type="checkbox"/> RETAINED ATTY. 4 <input type="checkbox"/> PRO-SE				16. ESTIMATED COMPENSATION (Describe basis, i.e. hourly or daily rate or fixed fee) \$ _____			
				17. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in item 15 is hereby granted. _____ SIGNATURE OF PRESIDING JUDICIAL OFFICER			
CLAIM FOR SERVICE							
18. ITEMIZATION OF SERVICES RENDERED AND EXPENSES INCURRED (Include dates and duration of services and basis of compensation claimed. Attach receipts for expenses incurred. Use additional sheets if necessary.)						A. TOTAL COMPENSATION \$ _____	
						B. TOTAL EXPENSES \$ _____	
						C. TOTAL AMOUNT CLAIMED \$ _____	
19. CLAIMANT'S CERTIFICATION FOR PERIOD _____ TO _____ F <input type="checkbox"/> FINAL PAYMENT I <input type="checkbox"/> INTERIM PAYMENT NO. _____ I hereby certify that the above claim is correct and that I have NOT claimed or received payment from any other source for the services rendered and claimed on this voucher. _____ SIGNATURE OF CLAIMANT				20. CERTIFICATION OF ATTORNEY I hereby certify that these services were rendered. _____ ATTORNEY'S SIGNATURE			
DATE _____				DATE _____			
APPROVED FOR PAYMENT							
21(a). Either the cost of these services does not exceed \$300, or prior authorization was obtained. _____ SIGNATURE OF PRESIDING JUDICIAL OFFICER						22. AMOUNT APPROVED/CERT. A. COMPENSATION \$ _____ B. EXPENSES \$ _____ C. TOTAL AMOUNT APPROVED/CERTIFIED \$ _____	
DATE _____ JUDGE/MAG. CODE _____							
21(b). Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost exceeds \$300. _____ SIGNATURE OF PRESIDING JUDICIAL OFFICER							
DATE _____ JUDGE/MAG. CODE _____							
21(c). Services procured in accordance with Federal public defender general budget authority. _____ SIGNATURE OF FEDERAL PUBLIC DEFENDER							
DATE _____							
23. Excess payment approved under 18 U.S.C. 3006A(e)(3) _____ SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)						24. TOTAL APPROVED \$ _____	
DATE _____							
NAME OF PAYEE				26. PAYEE'S ADDRESS (Include city, state & zip code)			
27. PAYEE'S SOC. SEC. NO. OR EMPLOYER ID NO.				28. ATTORNEY'S NAME AND ADDRESS (Include city, state & zip code)			

ATTACHMENT VIII - 2
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